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INMATE RECEIPT

**MISSISSIPPI DEPARTMENT OF CORRECTIONS
Administrative Remedy Program**

ARP # _____

Date: 1/20/23

Received By: James Henry K8115
MDOC # _____

Witness: [Signature]
TITLE _____

_____ Form ARP-1 -- Offender's relief form

_____ Form ARP-2 -- 1st step response

_____ Form ARP-3 -- 2nd step response

_____ 5-Day extension

_____ Step 2 denial

_____ Rejected

_____ Letter # Comm corr. 1/3/23
James Henry # K8115

_____ Other

**1st page of this receipt is to be returned to the Administrative Remedy
Program Director to become part of inmate's ARP file**

YELLOW COPY - INMATE